

## Policy and Procedure Manual

### TABLE OF CONTENTS

| Number                 | Title   | Effective Date | Last Revised |
|------------------------|---|----------------|--------------|
| <b>ADMINISTRATION</b>  |   |                |              |
| AD01                   | Policy and Procedure Review   | 09/01/2001     | 06/01/2005   |
| AD02                   | Performance Monitoring – Payment Calculation  | 09/01/2001     | 09/01/2004   |
| AD03                   | Drug Free Workplace   | 09/01/2001     |              |
| AD04                   | Payment Process & Fiscal Accountability   | 09/01/2001     | 11/21/2005   |
| AD05                   | Sliding Fee Scale   | 09/01/2001     |              |
| AD06                   | Consumer, Family, Advocate Education & Training Fund                                      | 09/01/2002     | 09/01/2004   |
| AD07                   | Disaster Planning   | 09/01/2004     |              |
| AD08                   | Mental Health Advisory Board  | 09/01/2001     | 06/01/2005   |
| AD09                   | Financial Eligibility for RSN Funded Services   | 11/04/2005     | 05/03/2006   |
| AD09-A                 | Statement of Income Eligibility – Form  | 11/04/2005     | 05/03/2006   |
| AD10                   | Allied Systems Coordination   | 11/04/2005     |              |
| AD11                   | Management Report Certification   | 11/01/2005     |              |
| <b>CARE MANAGEMENT</b> |   |                |              |
| CM01                   |   |                |              |
| CM02                   | Utilization Management  | 09/04/2004     | 11/15/2005   |
| CM02-A                 | Utilization Management Plan   | 09/04/2004     | 11/23/2005   |
| CM03                   | Notice of Action  | 11/01/2004     | 11/28/2005   |
| CM03-A                 | Notice of Action – Form- Medicaid   | 09/01/2004     | 11/26/2005   |
| CM03-B                 | Notice of Action – Form- non-Medicaid   | 11/26/2005     |              |
| CM04                   | Authorization for Outpatient Services   | 09/01/2001     | 11/23/2005   |
| CM05                   | Single Bed Certification  | 10/01/2005     |              |
| CM05-A                 | Single Bed Certification Request Form   | 10/01/2005     |              |
| CM06                   | Intensive Element of Care Authorizations and<br>Reauthorization/Change in Element of Care | 07/01/2002     | 12/01/2005   |
| CM06-A                 | Guidelines for Clinical Narrative   | 07/01/2002     | 01/22/2003   |
| CM07                   | Eligibility Criteria & Access to Care Standards – Adult                                   | 09/01/2001     | 12/06/2005   |
| CM07-A                 | Access to Care Standards – Adult  | 09/01/2001     | 11/15/2005   |
| CM08                   | Eligibility Criteria & Access to Care Standards – Child                                   | 01/01/2002     | 12/06/2005   |
| CM08-A                 | Access to Care Standards – Child/Youth  | 09/01/2001     | 11/15/2005   |
| CM09                   | Involuntary Treatment Services  | 11/01/2005     |              |
| CM10                   | Ancillary Crisis Services   | 11/01/2005     |              |
| CM11                   | Functional Assessment - Adults  | 09/01/2001     | 09/01/2004   |
| CM12                   | Functional Assessment - Child   | 09/01/2001     | 09/01/2004   |
| CM13                   | Intake and Mental Health Assessment   | 09/01/2001     | 11/15/2005   |
| CM14                   |   |                |              |
| CM15                   |   |                |              |

| Number | Title  | Effective Date | Last Revised |
|--------|--|----------------|--------------|
| CM16   | Coordination of Care with Primary Care Physicians and Other Health Care Providers  | 11/17/2005     |              |
| CM17   |  |                |              |
| CM17-A | Facilitated Referral - Form  | 09/01/2004     |              |
| CM18   | Inpatient Services - Concurrent Review & Discharge Planning  | 09/01/2001     | 02/01/2005   |
| CM19   | Inpatient Services Authorization   | 09/01/2001     | 11/17/2005   |
| CM19-A | Psychiatric Inpatient Covered Diagnosis  | 09/01/2001     | 09/01/2004   |
| CM19-B | Authorization Triage – Form  | 09/01/2001     | 02/01/2005   |
| CM20   |  |                |              |
| CM21   | Inpatient Services – Appeal of Denial  | 09/01/2001     | 01/01/2005   |
| CM22   | Adult Congregate Care Placement  | 09/01/2001     | 06/01/2005   |
| CM23   | Adult Congregate Care Screening & Wait List  | 09/01/2001     | 09/01/2004   |
| CM24   | Adult Residential Rehabilitation Center Placement  | 09/01/2001     | 06/01/2005   |
| CM25   | Adult Residential Rehab. Center Screening & Wait List  | 09/01/2001     | 09/01/2004   |
| CM26   | Authorization for Adult Crisis Beds  | 09/01/2001     |              |
| CM27   | Transfer of Care   | 02/01/2003     | 05/02/2003   |
| CM27-A | Clark County Children’s Service Providers – Form   | 05/01/2003     | 09/01/2004   |
| CM28   | Crisis Plans   | 01/01/2003     | 04/27/2003   |
| CM29   | Respite Services   | 04/01/2004     | 11/22/2005   |
| CM30   | Mental Health Medicaid Personal Care Funds for Adults  | 10/01/2003     | 11/22/2005   |
| CM30-A | Consumer Rights and Responsibilities for Mental Health Funded Medicaid Personal Care Services Reimbursed by the Clark County Regional Support Network – Form | 10/01/2003     |              |

#### CONSUMER RIGHTS AND RESPONSIBILITIES

|        |  |            |            |
|--------|--|------------|------------|
| CR01   | Consumer Rights & Responsibilities                       | 09/01/2001 | 11/17/2005 |
| CR02   | CCRSN Funded Ombuds Service                              | 07/01/2002 | 12/06/2005 |
| CR03   | Consumer Complaints and Grievances                       | 09/01/2001 | 08/17/2005 |
| CR03-A | Complaint & Grievance – Form                             | 09/01/2001 | 07/20/2004 |
| CR03-B | Grievance Acknowledgement – Sample Form Letter           | 09/01/2004 |            |
| CR03-C | Grievance Resolution – Sample Form Letter                | 09/01/2001 | 11/21/2005 |
| CR04   | Advance Directives                                       | 09/01/2001 | 08/01/2006 |
| CR05   | Consumer Rights to an Administrative Hearing             | 09/01/2004 | 11/28/2005 |
| CR06   | Consumer Rights to Appeal                                | 11/01/2004 | 07/01/2005 |
| CR07   | Request for Second Opinion                               | 11/01/2004 | 05/01/2005 |
| CR08   | Long Term Care Rights for Consumers in Resid. Facilities | 09/01/2001 | 06/01/2005 |

#### QUALITY MANAGEMENT AND IMPROVEMENT

|        |   |            |            |
|--------|---|------------|------------|
| QM01   | Quality Management Program                        | 09/01/2001 |            |
| QM02   | Quality Management Committee                      | 09/01/2001 |            |
| QM03   | Quality Review Team                               | 07/01/2002 | 03/18/2003 |
| QM04   | Fraud and Abuse                                   | 07/01/2004 | 07/01/2005 |
| QM04-A | Fraud and Abuse Compliance Plan                   | 07/01/2004 | 07/01/2005 |
| QM05   | Levels/Elements of Care Clinical Guidelines       | 09/04/2002 | 08/01/2006 |
| QM05-A | Levels/Elements of Care Clinical Guidelines       | 09/04/2002 | 08/01/2006 |
| QM06   | Evidence Based Practices/Practice Guidelines      | 07/01/2004 | 11/17/2005 |
| QM07   | Cultural Competence                               | 09/01/2001 |            |
| QM07-A | Cultural Competence – Clinical Practice Standards | 09/01/2001 |            |

| Number | Title   | Effective Date | Last Revised |
|--------|---|----------------|--------------|
| QM08   | Recovery Vision   | 09/01/2001     | 11/15/2005   |
| QM09   | Access Standards  | 09/01/2001     | 11/17/2005   |
| QM10   | Wait List   | 09/01/2001     | 09/01/2004   |
| QM11   | Individualized Tailored Care                                  | 09/01/2001     |              |
| QM12   | Treatment Plans   | 09/01/2001     | 03/18/2002   |
| QM13   | Employment Services and Resources                             | 09/01/2001     | 06/01/2005   |
| QM14   | Vulnerable Adult Abuse and Reporting                          | 09/01/2004     |              |
| QM15   | Child Abuse & Reporting                                       | 09/01/2001     |              |
| QM16   | Consumer Satisfaction   | 09/01/2001     |              |
| QM17   | Case Review   | 09/01/2001     | 11/17/2005   |
| QM18   | Sentinel Event Review and Negative Media Coverage             | 09/01/2001     | 11/16/2005   |
| QM18-A | Sentinel Event Report – Form                                  | 09/01/2001     | 11/16/2005   |
| QM18-B | Sentinel Event 30 Day Standard Review – Form                  | 09/01/2001     | 11/16/2005   |
| QM18-C | Report to WA MHD Negative Media Event – Form                  | 11/16/2005     |              |
| QM19   | Provider Agency Credentialing & Clinician Profiling           | 09/01/2001     | 10/28/2004   |
| QM19-A | Credentialing Application – Form                              | 09/01/2001     | 09/01/2004   |
| QM19-B | Practitioner Credentialing Report                             | 09/01/2004     |              |
| QM20   | Washington State Patrol/FBI Background Check                  | 07/01/2002     | 09/01/2004   |
| QM20-A | Fingerprint Acknowledgement – Form                            | 07/01/2002     | 05/01/2003   |
| QM21   | Provider Monitoring - Clinical & Administrative Record Review | 09/01/2001     | 11/18/2005   |
| QM22   | Provider Complaint and Grievance                              | 09/01/2001     |              |
| QM23   | Availability of Services                                      | 11/01/2004     | 07/01/2005   |
| QM24   | Housing Services and Resources                                | 09/01/2001     | 11/23/2005   |
| QM25   | Practitioner Credentialing                                    | 09/01/2001     | 06/01/2005   |
| QM26   | Public Awareness of Mental Health Services                    | 09/01/2001     | 11/15/2005   |

#### RETIRED POLICIES AND PROCEDURES

|     | OLD #'s |   | Effective Date | Retired Date |
|-----|---------|---|----------------|--------------|
| RET | 02      | Acute Referral Process                                  | 09/01/2001     | 01/04/2005   |
| RET | 09      | Assessment – Adult Required Elements                    | 09/01/2001     | 01/04/2005   |
| RET | 09-A    | Assessment – Child Required Elements                    | 09/01/2001     | 01/04/2005   |
| RET | 12      | Care Termination Procedure                              | 09/01/2001     | 11/28/2005   |
| RET | 17-A    | Appeal of Denial – Child Service Elements               | 09/01/2001     | 02/01/2005   |
| RET | 18      | Authorization Data Requirements                         | 10/01/2001     | 09/01/2004   |
| RET | 19-A    | Complaint & Grievance Coding System                     | 09/01/2001     | 09/01/2004   |
| RET | 24-B    | Medical Necessity Definition Verification – Form        | 09/01/2001     | 09/01/2004   |
| RET | 24-C    | Adult Mental Health Services Enrollment Criteria - Form | 09/01/2001     | 09/01/2004   |
| RET | 24-D    | Children's Mental Health Svcs Enrollment Criteria –Form | 09/01/2001     | 09/01/2004   |
| RET | 25      | Flex Funding  | 09/01/2001     | 09/01/2004   |
| RET | 26      | Functional Criteria Data Requirements – Adult           | 09/01/2001     | 09/01/2004   |
| RET | 26-A    | Functional Criteria Data Requirements – Child           | 09/01/2001     | 09/01/2004   |
| RET | 29      | Information Systems                                     | 09/01/2001     | 09/01/2004   |
| RET | 30      | Inpatient Data Requirement                              | 09/01/2001     | 09/01/2004   |
| RET | 30-A    | Inpatient Data – Form                                   | 09/01/2001     | 09/01/2004   |
| RET | 39      | Psychiatric Home Health Care Services Authorization     | 09/01/2001     | 09/01/2004   |
| RET | 39-A    | Psychiatric Home Health Care Authorization – Form       | 09/01/2001     | 09/01/2004   |

|     | <b>OLD #'s</b> |  | <b>Effective Date</b> | <b>Retired Date</b> |
|-----|----------------|--|-----------------------|---------------------|
| RET | 39-B           | Home Health Care Authorization – Form                | 09/01/2001            | 09/01/2004          |
| RET | 43             | Adult Special Needs Requests                         | 09/01/2001            | 09/01/2004          |
| RET | 43-A           | Adult Special Needs Requests – Form                  | 09/01/2001            | 09/01/2004          |
| RET | 56             | Consumer Disenrollment                               | 09/01/2001            | 09/01/2004          |
|     | <b>NEW #'s</b> |  | <b>Effective Date</b> | <b>Retired Date</b> |
| RET | CM29-A         | Children’s Respite Services Request – Form           | 04/01/2004            | 11/28/2005          |
| RET | CM31           | Denial and Appeal of Denial – Adult Service Elements | 09/01/2001            | 11/28/2005          |

**Last Revised**

## **GLOSSARY OF TERMS AND ACRONYMS**

09/28/2004